

**CITY OF ALEXANDRIA**

OFFICE OF BUILDING AND FIRE CODE ADMINISTRATION

301 KING STREET, SUITE 4200

ALEXANDRIA, VIRGINIA 22314

703.746.4200 FAX (703) 838-3880

**MECHANICAL APPLICATION**IMPORTANT - Applicant to complete **ALL** applicable items. **MASTER MUST SIGN APPLICATION.** Shaded boxes are **FOR OFFICIAL USE ONLY.**

<b>Permit Number</b>	1.Project Name	<b>Master Permit</b>	
2.Project Address	Floor/Suite Number	3.Date Applied	
4.Owner	5. Contact Info - Primary:  Secondary/Fax:  E-Mail Address:_____		
6.Owner's Mailing Address (if different from project address)			
7.Work Done By (check one) <input type="checkbox"/> Owner <input type="checkbox"/> Contractor ( <b>for Contractors, MASTER's signature is mandatory in box #13 below</b> )			
8.Contractor Name	9.Phone	10.Business Address	
11. Master's Name	12. Master's Card Number	13. Master's Signature	
14.State Contractor License Number Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		15.Business License Number Reciprocity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16.Project Description			
17. Code Edition/Year: _____ <input type="checkbox"/> Residential (IRC) <input type="checkbox"/> Commercial (IBC/IMC)		18. Construction Type	19. Number of: Floors: _____  Number of Residential Units _____
20. Proposed Bldg Use: <input type="checkbox"/> Residential SF/TH/Duplex (R5) <input type="checkbox"/> Multifamily Building (R2) <input type="checkbox"/> Office (B) <input type="checkbox"/> Store (M) <input type="checkbox"/> School (E) <input type="checkbox"/> Restaurant/Theater/Church/Recreation Cntr (A) <input type="checkbox"/> Garage (S) <input type="checkbox"/> Hotel/Motel (R1) <input type="checkbox"/> Hospital (I) <input type="checkbox"/> Warehouse (S) <input type="checkbox"/> Industrial (H) <input type="checkbox"/> Other(describe):			
21.Type of Work: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Venting <input type="checkbox"/> Wiring <input type="checkbox"/> Piping <input type="checkbox"/> Gas Piping <input type="checkbox"/> Ductwork <input type="checkbox"/> Interior <input type="checkbox"/> Exterior <input type="checkbox"/> New Building <input type="checkbox"/> Existing Building		22. Square Footage <input type="checkbox"/> 3,000 sf or less <input type="checkbox"/> 3,001-10,000 sf <input type="checkbox"/> 10,001-20,000 sf <input type="checkbox"/> greater than 20,000 sf	23. <b>Estimated Cost</b>  \$
24. Number of: _____ Diffusers _____ Registers _____ Grilles		25. Number of: _____ Woodstoves _____ Prefab Fireplaces	
26.Equipment Data:			
TYPE	MANUFACTURER	MODEL	K-BTU'S
WEIGHT	LOCATION		
1			
2			
3			
4			

<b>AFFIDAVIT</b> I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations in the Uniform Statewide Building Code and all applicable ordinances.  _____ Signature of Owner or Authorized Agent  _____ Printed Name of Person Applying for Permit  _____ Address Phone/Pager  _____ Email Address: _____	<b>APPROVALS</b>	<b>PERMIT FEES</b>
	Engineer	<b>TOTAL \$</b>
	Date Approved	Deposit Rec'd \$
	Date Issued	Deposit Date
	Engineering Rec'd By:	Notes:
	Aide Issued By:	
Drawings Attached? 9 Yes 9 No		